
System Profile Annual Monitoring

State of Tennessee



Department of Education
Division of Special Education



S.P.A.M.
S. P. A. M.

Instrument




2008-2009

System Profile Annual Monitoring (S.P.A.M.) Instrument Current School Year 2008-2009



Overview of Compliance Monitoring

There are three components of Compliance Monitoring:

-  System Profile Annual Monitoring (SPAM)
-  Site Review/Fiscal Monitoring and
-  Focus Monitoring

System Profile Annual Monitoring (SPAM)

Compliance Consultants will create a system profile for each of their Local Education Agencies (LEAs) by October 15th.

The following data sources will be used to complete this profile:

- *End of Year Report (June 30) for '2007-'08*
- *December Census 2007*
- *Most recent Report Card*
- *EasyIEP*
- *Complaints with Findings*
- *Mediations*
- *Due Process Hearings*

The following Indicators will be addressed:

<u>Indicator Number</u>	<u>Category</u>	<u>Data Source</u>
1, 2	Graduation, Drop Out	End of Year, Table 4
4	Suspension/Expulsion	End of Year, Table 5
5	Least Restrictive Environment	Dec. 1 Census
6	Preschool	Dec. 1 Census
11	40 Days	Initial Evaluation Summary Report
11a	Re-Evaluation	EasyIEP
11c	Provision of Services	Report Card (Demographics Page)
12	Part C to B	LEA Survey
13	Transition	EasyIEP

An Annual Letter of Compliance Review will be sent to every LEA (except those LEAs having Site Review/Fiscal Monitoring) by December 1st. This letter will be based on their system profile (SPAM) and will state the LEA either "Meets Requirements" or "areas of non-compliance" will be listed and the corrective actions needed with timelines will be detailed.








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Site Review/Fiscal Monitoring

Site Review/Fiscal Monitoring will continue on a 4 Year Cycle (4YC). Along with the System Profile (addressed previously), these LEAs will have a site review consisting of the following:

-  Preschool with typically developing peers
-  8a Facilities that serve students with disability comparable and accessible
-  11b Student record reviews support compliance with federal and state requirements for IEPs, evaluations and eligibility procedures
-  11c Efforts for 'child find', 'evaluation', and 'provision of services' coordinated
 - ✓ Sample copy of announcement used for Child Find & distribution list
 - ✓ Contracts for services to students served outside LEA
 - ✓ Failed vision/hearing screenings follow-up documentation
 - ✓ Records transmittal procedure
 - ✓ Procedures for adaptation of transfer student IEPs and Eligibility
 - ✓ Letters/agendas of meetings with private school officials and parents of parentally placed private school and home schooled children
-  Transition

Additionally, interviews will be conducted and fiscal monitoring will be completed.

Within four weeks of the on-site monitoring the LEA will receive a letter with the results of their system profile (SPAM) and on-site review. The letter will state the LEA either Meets Requirements or areas of non-compliance will be listed and the corrective actions needed with timelines will be detailed. The results of the Fiscal Monitoring will be sent in a separate letter.

Focus Monitoring

The third component of Compliance Monitoring is Focus Monitoring. A Focus Monitoring may occur at any time and can be triggered in several ways, such as complaints with findings, EasyIEP data reviews or patterns of non-compliance. Once a Focus Monitoring is triggered all areas of special education are open to review.



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FAPE IN THE LRE (FLRE)----- Indicator #1

2006-2007 What is the percentage of youths with IEPs graduating from high school with a regular high school diploma? _____%

2007-2008 What is the percentage of youths with IEPs graduating from high school with a regular high school diploma? _____%

*State Target met (90%)
Or 1.5% increase; Yes / No If No, PIP is required*

Indicator Achieved: Yes / No

REQUIRED DATA SOURCES:

2007 Report Card; 2008 End of Year Table 4

AUTHORITY:

Federal - 2004: 20 USC 1412 (A)(15)

TN Rules & Regs: 0520-1-3-.06(1)

DIVISION USE ONLY

Compliance Consultant Signature

Date

SpEd Supervisor Signature

Date



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FAPE IN THE LRE (FLRE)----- Indicator #2

2006-2007 What is the percentage of youths with IEPs dropped out of high school? _____ %

2007-2008 What is the percentage of youths with IEPs dropped out of high school? _____ %

*State Target met (10%)
Or 1.5% decrease; Yes / No If No, PIP is required*

Indicator Achieved: Yes / No

REQUIRED DATA SOURCES:

2007 Report Card; 2008 End of Year Table 4

AUTHORITY:

Federal -2004 20 USC 1412 (A)(15)

TN Rules & Regs 34 CFR 300.114; 34 CFR 300.101; 0520-1-9-.05

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Date _____

SpEd Supervisor Signature _____

Date _____



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FAPE IN THE LRE (FLRE)----- Indicator #4

Is there a "significant discrepancy" in the rate of suspension/expulsion of students with disabilities for greater than 10 days in a school year within the school district?
(Compare your suspension rate to the TDOE discrepancy rate in order to determine significance.)

2007-2008

What percentage of Students with Disabilities who had suspension/and or expulsions greater than 10 days. _____%

Greater than 1% Yes / No

Indicator Achieved: Yes / No

This indicator addressed in annual Letter of Determination. Required Corrective actions, if needed, written at that time.

REQUIRED DATA SOURCES:

2008 End of Year Report, Table 5

AUTHORITY:

Federal – 2004 20 USC 1412 (a)(22); 20 USC 1416 (a) (4)

TN Rules & Regs 0520-1-9-.05(1); 0520-1-9-.09 (1) (b)

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FAPE IN THE LRE (FLRE)----- Indicator #5

What is the percent of children with IEPs age 6 through 21 years of age:

- A. In the Regular Class at least 80% of the time. _____% (Line A Total divided by Line A through F Totals)
- B. In the Regular Class less than 40% of the time. _____% (Lines C thru F Total divided by Line A through F Totals)
- C. Served in public/private separate schools, residential placements, Homebound/Hospital placements
(Line D through F Totals divided by Line A through F Totals)

_____ %

State Targets: A 54 % B. 14 % C. 2.14 %

If LEA percentage is below state target for A or above State Target for B or C, A written CAP is required with specific timelines included.

Indicator Achieved: Yes / No

REQUIRED DATA SOURCES:

Dec. 1, 2007 Census Report, Table 3, Section G.

AUTHORITY:

Federal – 2004 20 USC 1416 (a) (3) (A)

TN Rules & Regs 0520-1-9-.07; 0520-1-9-.09 (1)(L) (5)

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FAPE IN THE LRE (FLRE)----- Indicator #6

What is the percent (of preschool) children with IEPs who receive special education and related services in settings with typically developing peers?

_____ % percent (Table 3 Child Count Report)= Line A1+A2+ A3 / Total

Comments:

State Target 90 %

If this target is not met, a PIP should be written. Include reference to the following information in writing the PIP.

Indicator Achieved: Yes / No

REQUIRED DATA SOURCES:

Dec. 1, Census Report, Table 3, Section A

AUTHORITY:

Federal – 2004 20USC 1416 (a) (3) (A)

TN Rules & Regs 0520-1-9-.05; 0520-1-9-.09

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FAPE IN THE LRE (FLRE)----- Indicator #8a

Are facilities that serve students with disabilities comparable and accessible?

Comments: All, 'No's' from the facility checklist must be explained/justified. If 'No' cannot be justified a written CAP is required with specific timelines included.

Indicator Achieved: Yes / No

REQUIRED DATA SOURCES:

TDOE Facilities Checklist Data Sheet

AUTHORITY:

Federal – 2004 34 CFR 300.718; 20 USC 1404

TN Rules & Regs 0520-1-9-.05(2)

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EFFECTIVE GENERAL SUPERVISION/CHILD FIND (EGS/CF) ~~~~~ Indicator #11

What is the percent of children, with parental consent to evaluate, who were evaluated and eligibility determined within 40 school days?

% = $\frac{\text{Total eligible \& ineligible completed within 40 days}}{\text{Total \# consent received}}$ = _____ %

Indicator Achieved: Yes / No

State Target = 100%

Substantial Compliance = 95%

If LEA percentage is less than 95% a CAP is required to be written.

REQUIRED DATA SOURCES:

Initial Evaluation Summary Report

AUTHORITY:

Federal – 2004 20 USC 1414 (a) (1); 20 USC 1416 (a) (3) (B)

TN Rules & Regs 0520-1-9-.10

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EFFECTIVE GENERAL SUPERVISION/CHILD FIND (EGS/CF)----- Indicator #11a

Do children receive timely reevaluations within 3 years of previous eligibility determination?

Percent of Students in LEA receiving re-evaluations within 3 years of previous eligibility determination. _____%

State Target = 100%

Substantial Compliance = 95%

If LEA percentage is less than 95% a CAP is required to be written with specific time lines included.

Indicator Achieved: Yes / No

REQUIRED DATA SOURCES:

Easy IEP Compliance Summary Report

AUTHORITY:

Federal – 2004 20 USC 1414 (a) (2) (B)

TN Rules & Regs

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Compliance Consultant Signature _____

_____ Date

SpEd Supervisor Signature _____

_____ Date



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EFFECTIVE GENERAL SUPERVISION/CHILD FIND (EGS/CF)----- Indicator #11b

Do student record reviews support compliance with federal and state requirements for IEPs, evaluations and eligibility procedures?

A CAP will be written with specific timelines included for any areas identified through student record reviews that have a minus rate of 10% or greater.

Indicator Achieved: Yes / No

REQUIRED DATA SOURCES:

Data Summary Sheets (A4, A5); Summary of Performance Review Sheet

AUTHORITY:

Federal – 2004 20 USC 1412 (a)

TN Rules & Regs 0520-1-9-.10-.16

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EFFECTIVE GENERAL SUPERVISION/CHILD FIND (EGS/CF)----- Indicator #11c

Are efforts for "child find", "evaluation and "provision of services" coordinated?

A CAP will be written with specific timelines included for any missing required Data Sources.

Indicator Achieved: Yes / No

REQUIRED DATA SOURCES

- 1 Contracts (for services to students served outside the LEA)
- 2 Contact (a meeting)with private school officials and parents of parentally placed private school and home schooled children.
(Contact should include: explanation of child find process, determination of proportionate amount available for special education services, types of services provided, and signed affirmation of this consultation).
- 3 Sample copy of media announcement, flyer, or brochure utilized for child find and distribution list for these items.
- 4 "Failed" Screenings Follow Up (Vision/hearing) Sample Letters
- 5 Procedures for adoption of transfer students IEPs Eligibility
- 6 Records transmittal Procedure (sending and requesting).

AUTHORITY:

Federal – 2004 20 USC 1412 (a) (3) (A); 20 USC 1412 (a) (1)(A) (B)

TN Rules & Regs 0520-1-9-.05 (1) (a,b,c); 0520-1-9-.06; 0520-1-9-.09 (1)(a) 0520-1-9-.09 (1)(g)(1,2,3);; 0520-1-9-.09 (1) (i); 0520-1-9-.10; 0520-1-9-.11; 0520-1-9-.13

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Date



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EFFECTIVE GENERAL SUPERVISION/EFFECTIVE TRANSITION (EGS/ET)----- Indicator #12

What is the percent of children referred by Part C prior to age 3 and found eligible for Part B who have an IEP developed by their third birthday?

State Target = 100%

Substantial Compliance = 95%

If substantial compliance is not met, a CAP is required to be written.

Indicator Achieved: Yes / No

REQUIRED DATA SOURCES:

Part C to B transition reports per TEIDS/Easy IEP (Provided by TDOE)

AUTHORITY:

Federal – 2004

20USC 1416 (a) (3) (b); 20USC 1437 (a) (9)

TN Rules & Regs

0520-1-9-.05 (1); 0520-1-9-.09 (1) (a) (d)

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EFFECTIVE GENERAL SUPERVISION/EFFECTIVE TRANSITION (EGS/ET)----- Indicator #13

Percent of students in LEA, age 16 and above with an IEP that includes appropriate measurable post-secondary goals and transition services that will reasonable enable the student to meet post-secondary goals?

_____ %

State Target 100%.

If LEA percentage is less than 100% a CAP is required to be written with specific time lines included.

Indicator Achieved: Yes / No

REQUIRED DATA SOURCES:

IEP Data Tally (compiled by TDOE); TOPs if available

AUTHORITY:

Federal – 2004

20 USC 1416 (a) (3) (B); 20 USC 1401 (34)

TN Rules & Regs

0520-1-9-.12

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Appendices













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Tennessee Department of Education
Division of Special Education



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Indicator Calculation Formulas
(Taken from State Report Card)

Indicator #1

Data Source: EOY Report Table 4

special education students graduating with a reg. diploma

$$\frac{\begin{array}{l} \text{\#sp. ed students} \\ \text{graduating w/ a regular} \\ \text{diploma} \end{array} + \begin{array}{l} \text{\# sp. ed. students} \\ \text{leaving as drop outs} \end{array} + \begin{array}{l} \text{\# sp. ed students} \\ \text{receiving certificate/modified} \\ \text{diploma other than regular diploma} \end{array}}{\begin{array}{l} \text{\#sp. ed students} \\ \text{reached maximum age} \end{array}}$$

Indicator #2

Data Source: EOY Report Table 4

special ed students (age 14+) leaving as drop outs

$$\frac{\begin{array}{l} \text{\#sp. ed students} \\ \text{graduating w/ a regular} \\ \text{diploma} \end{array} + \begin{array}{l} \text{\# sp. ed. students} \\ \text{leaving as drop out} \end{array} + \begin{array}{l} \text{\# sp. ed students} \\ \text{receiving certificate/modified} \\ \text{diploma other than regular diploma} \end{array}}{\begin{array}{l} \text{\#sp. ed students} \\ \text{reached maximum} \\ \text{age} \end{array}}$$

Indicator #4

Data Source: EOY Report Table 5, December 1 Child Count

students expelled and/or suspended for greater than 10 days

$$\frac{\text{\# students expelled and/or suspended for greater than 10 days}}{\text{\# special education students enrolled}}$$

Indicator #5

Data Source: December 1 Census, Table 3 (Denominator = Total of lines A-F)

A. Inside the regular class more than 80% of the day:

students (ages 6-21) inside the regular class more than 80% of the day

$$\frac{\text{\# students (ages 6-21) inside the regular class more than 80% of the day}}{\text{\# special education students (ages 6-21) enrolled}}$$

B. Inside the regular class less than 40% of the day:



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students (ages 6-21) inside the regular class less than 40% of the day

special education students (ages 6-21) enrolled

C. Served in public or private separate schools, residential placements, or homebound or hospital placements (no duplicate counting of students across categories):

students (ages 6-21) served in
either public or private separate
schools (specifically for students
with disabilities)

+ # students (ages 6-21)
served in residential placements

students (ages 6-21)
served in homebound or hospital programs
(not home schooled)

special education students (ages 6-21) enrolled



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Facilities/Accessibility Checklist (FLRE #8a)

School System _____

Reviewer _____

Date: _____

Reply with Yes, No, or NA. Justify all "No's" in the indicator response or write a Corrective Action Plan (CAP).

LEDGER

- A (ADA), Parking Spaces Provided & Marked (i.e. sign)
- B (ADA), Building Access Obvious
- C (ADA), Curb Cuts Available (where needed)
- D (ADA), Ramps/Elevators Provided (where needed)
- E (ADA), Water fountain accessible

- F (ADA), Restroom Accessible
- G (FYI), Physically Disabled Student Present
- H (IDEA), Appropriate Areas Accessible (Libraries, Cafeteria, gym, classrooms)
- I (IDEA), Sp. Ed. Classrooms Comparable
- J (IDEA) Special Education Classrooms throughout school (not segregated).

School	A	B	C	D	E	F	G	H	I	J

Comments: _____

**INSTRUCTIONS FOR
EVALUATION / PROCEDURAL SAFEGUARDS**



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**INSTRUCTIONS FOR
EVALUATION / PROCEDURAL SAFEGUARDS
And IEP DATA SHEETS**

It is recommended that each LEA do an annual student file review to ensure compliance and target areas requiring technical assistance or training. This should be a representative sample of student records by disability, grade level, school and special education teacher or related service provider. The most practical way to ensure this representative sample is to review two records from each special education teacher or service provider. The following data and tally sheets can be used for this self-assessment.

Complete the *Evaluation & Procedural Safeguards Data Sheet (A4)* and *Individualized Educational Program Data Sheet (A5)* for each student file reviewed. Each line is scored with a plus (+), minus (-), or NA. An explanation of each minus should be provided in the comments section of the appropriate line.



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Evaluation and Procedural Safeguards Data System Form (A4) (ties to EGS #11b)

System Name _____

School Name _____

Student _____

Grade: _____

Completed by _____

Date: _____

		LEA Only	TDOE Only	COMMENTS (Required for each minus)
A.	EVALUATION DATA - Eligibility Report	+/- NA	+/- NA	
1	Record Access available			
2	Current Eligibility Report - Date: _____			
3	Primary Disability Stated : _____			
4	Ruled out Lack of: Reading / Math / LEP			
5	Educ. Relevant medical findings reported			
6	Eval. Results documented w/documentation attached			
7	All those involved in assessment (2+)			
8	Student's disability adversely affects performance			
9	IEP team members signed (3+ professionals)			
10	Parent Received copy of eval. used in this eligibility			
B.	Initial evaluation - Date: _____			
1	Parent input			
2	Current classroom based assessment			
3	Current classroom based observation			
4	Teachers/related service providers observations			
5	Validate disability standards met (see attached A4 DRS)			if (-) what's missing?"
C.	Procedural Safeguards (Initial Evaluation)	XXXXXXXX	XXXXXXXX	
1	Prior Written Notice for assessment Date: _____			
2	Notice and consent for evaluation Date: _____			
3	Consent for initial placement (IEP) Date: _____			
4	Prior Written Notice for placement Date: _____			
5	Verify 40 school days - Consent recv'd to plcmnt (2+3)			
D.	Behavior assessment/Behavior Intervention Plan If needed			



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		LEA Only +/- NA	TDOE Only +/- NA	COMMENTS (Required for each minus)
E.	Re-evaluation Summary Date: _____			
1	Review Previous Data			
2	Current classroom-based assessment			
3	Re-evaluation determination			
	a. No additional assessment required			
	b. Yes, requires additional assessment, if yes, do c.			
	c. Validate disability standards met (see attached A4 DRS)			If (-) what's missing?
4	Current parent input			
5	Current classroom-based observations			
6	Teachers / related service providers observations			
7	Current Re-evaluation within 3 years of previous date.			
F.	Procedural Safeguards (reevaluation)	XXXXXXX	XXXXXX	
1	Prior Written Notice (PWN)for re-eval. Date: _____			
2	Consent for re-evaluation or doc. of effort.			
3	Prior Written Notice for Change of Placement.			
G.	Invitation to a Meeting (Review an invitation within last year)	XXXXXXXX	XXXXXX	
1	Parent invited			
2	Student invited(at age 14 or earlier, if appropriate)			
3	Transition box checked (at 14 or earlier, if appropriate)			
4	Invitation at least 10 days prior to meeting			



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Evaluation and Procedural Safeguards Data System Tally (A4a) (ties to EGS #11b)

System Name _____

Completed by _____

Total files Reviewed by TDOE _____ X 10% = _____. Exception Rate (This number of minuses on any line represents an exception and should be addressed in CAP.

		Minuses	Total Minuses	CAP Required (Yes or No)
A.	EVALUATION DATA - Eligibility Report			
1	Record Access available			
2	Current Eligibility Report - Date: _____			
3	Primary Disability Stated : _____			
4	Ruled out Lack of: Reading / Math / LEP			
5	Educ. Relevant medical findings reported			
6	Eval. Results documented w/documentation attached			
7	All those involved in assessment (2+)			
8	Student's disability adversely affects performance			
9	IEP team members signed (3+ professionals)			
10	Parent Received copy of eval. used in this eligibility			
B.	Initial evaluation - Date: _____			
1	Parent input			
2	Current classroom based assessment			
3	Current classroom based observation			
4	Teachers/related service providers observations			
5	Validate disability standards met (see attached)			
C.	Procedural Safeguards (Initial Evaluation)	XXXXXXXX	XXXXXXXX	
1	Prior Written Notice for assessment Date: _____			
2	Notice and consent for evaluation Date: _____			
3	Consent for initial placement (IEP) Date: _____			
4	Prior Written Notice for placement Date: _____			
5	Verify 40 school days - Consent rec'd to plcmnt (2+3)			
D.	Behavior assessment/Behavior Intervention Plan If needed			



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		Minuses	Totals Minuses	CAP Required (Yes or No)
E.	Re-evaluation Summary Date: _____			
1	Review Previous Data			
2	Current classroom-based assessment			
3	Re-evaluation determination			
	a. No additional assessment required			
	b. Yes, requires additional assessment, if yes, do c.			
	c. Validate disability standards met (see attached)			
4	Current parent input			
5	Current classroom-based observations			
6	Teachers / related service providers observations			
7	Current Re-evaluation within 3 years of previous date.			
F.	Procedural Safeguards (reevaluation)	XXXXXXX	XXXXXX	
1	Prior Written Notice (PWN)for re-eval. Date: _____			
2	Consent for re-evaluation or doc. of effort.			
3	Prior Written Notice for Change of Placement.			
G.	Invitation to a Meeting (Review any invitation sent within last year)	XXXXXXXX	XXXXXX	
1	Parent invited			
2	Student invited(at age 14 or earlier, if appropriate)			
3	Transition box checked (at 14 or earlier, if appropriate)			
4	Invitation at least 10 days prior to meeting			



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EASY IEP (INDIVIDUAL EDUCATION PLAN) DATA SHEET (A5)

System Name _____ School Name _____

Student _____ Grade _____ Date of Birth _____ Date _____

IEP Date _____ Primary Disability _____ Current: Yes / No _____

CURRENT DESCRIPTIVE INFORMATION (CDI)		+/- or NA LEA	TD OE	COMMENTS (if Minus)
1	Student's Strengths			
2	Parent's Concerns			
3	Disability Affects			
PRESENT LEVELS OF PERFORMANCE (PLOP)				
1	Source of Information			
2	Area(s) Assessed			
3	Date (of Source of Information)			
4	Exceptional (Yes/No)			
5	Present Levels of Performance			
6	Prevocational/Vocational			
TRANSITION SERVICES PLANNING* (TSP) For Lines "2" and "4", Check area(s) if "+"				
* Mark through this section, if the student has no Transition Plan.				
1	Age-appropriate Transition Assessment used in the Development of each MPSG			Examples: (Comp. Vocational Evaluation, Interest Inventory, Student Work, Etc.)
2	Measurable Post Secondary Goals (MPSGs) Stated for any of (4) areas (Desired Post School Outcomes)			Employment _____ Post School Education/Training _____ Community Involvement _____ Independent/Supported Living _____ (If applicable.)
3	Course of Study Aligned to MPSG(s) in IEP			(Transition Services Needed)
4	For each MPSG, at Least One Transition Service is Listed for the Measurable Post Secondary Goal (MPSG) (Activities/Strategies – Transition Services)			Community Experts _____ Daily Living Objectives _____ Emp. & Post Sch. Adult Living Objectives _____ Functional Vocation Eval. _____ (when appropriate) Instruction _____ Other _____ Related Services _____
5	For MPSG(s), Evidence of Coordination between LEA & Other Postsecondary Service			(Agency/Person Responsible)
6	For each MPSG, at Least One (1) Goal Listed in IEP			See Goal Pages
7	Overall, does the IEP include coordinated, measurable annual IEP goals and transition services that will reasonably enable the student to meet the postsecondary goals?			If "(-)" for any area 1-6, then Line 7 must be marked "(-)"
8	Agency Participation (Not Required)			
9	Student Attendance (Not Required)			Attended _____ Did Not Attend _____
10	If student did not attend, preferences and interests were considered			
11	"Other" described, if applicable for #10			



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+/- or NA
LEA TDOE

COMMENTS (If Minus)

CONSIDERATION OF SPECIAL FACTORS FOR IEP DEVELOPMENT (COSF)

1	Limited English Proficiency			
2	Blind or Visually Impaired			
3	Communication Needs			
4	Deaf or Hard of Hearing			
5	Assistive Technology			
6	Behavior Impedes Learning of Self or Others			

MEASURABLE ANNUAL GOALS & BENCHMARKS/SHORT TERM OBJECTIVES (MAG & B/STO)

1	Area of Need(s)			
2	Personnel/Position Responsible			
3	Annual Goal (for each area of need)			
4	Benchmarks/Short Term Objectives if applic.			
5	Anticipated Beginning Dates			
6	Criteria for Mastery			
7	Methods of Evaluation			
8	Program Mod/Supports for School Personnel			
9	Supplementary Aids/Services for Student			

PROGRAM PARTICIPATION (PP)

1	Accommodations/Modifications-Gen. Ed Program			
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STATE/DISTRICT MANDATED TESTS (S/D MT)

1	Student will participate:			
2	Participation in TCAP-ALT			Participating - Yes_____ No_____

TCAP ACCOMMODATIONS (TA)

1	TCAP-Accommodations, as applicable			
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SPECIAL EDUCATION AND RELATED SERVICES – Consultation (SEARS – C)

(Complete sections for Consultation, Direct Services, and Related Services, as applicable.)

1	Service Code and Type of Service			
2	Provider Title			
3	Sessions Per Week			
4	Time Per Session			
5	Hours Per Week			
6	Beginning-Ending Date			
7	Location of Services			

SPECIAL EDUCATION AND RELATED SERVICES – Direct Services (SEARS – DS)

1	Service Code and Type of Service			
2	Provider Title			
3	Sessions Per Week			
4	Time Per Session			
5	Hours Per Week			
6	Beginning-Ending Date			
7	Location of Services			

SPECIAL EDUCATION AND RELATED SERVICES – Related Services (SEARS – RS)

1	Service Code and Type of Service			
2	Provider Title			
3	Sessions Per Week			
4	Time Per Session			
5	Hours Per Week			
6	Beginning-Ending Date			
7	Location of Services			
8	Total SPED hours per week			Hours:_____ Min:_____

+/- or NA
LEA TDOE

COMMENTS (If Minus)

9	Total Gen. Ed. hours per week			Hours:_____ Min:_____
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**System Profile Annual Monitoring
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LRE & GENERAL EDUCATION (LRE & GE)

1	The Regular Class			
2	Extra curricular or Nonacademic Activities			

SPECIAL EDUCATION AND RELATED SERVICES – Hours Per Week (SEARS – HPW)

3	Home School			
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SPECIAL TRANSPORTATION (ST)

1	Special Transportation			Provided: Yes _____ No _____
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EXTENDED SCHOOL YEAR (ESY)

1	Extended School Year			Provided: Yes _____ No _____
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IEP PARTICIPANTS (IP)

1	Parent			
2	Student, If applicable			
3	LEA Representative			Excusal Appr/Documented Yes _____ No _____
4	Special Education Teacher			Excusal Appr/Documented Yes _____ No _____
5	Regular Education Teacher			Excusal Appr/Documented Yes _____ No _____
6	Interpreter of Test Results, if applicable			(May be NA)

INFORMED PARENTAL CONSENT (IPC)

1	Informed Parent Consent Noted (All areas checked with Parental Signature and Date)			
2	Date IEP Given to Parent			
3	LEA person responsible for sending IEP, If Parent Did Not Attend			(NA – if parent attended)

DOCUMENTATION OF IEP REVIEW BY OTHER TEACHERS NOT IN ATTENDANCE (DOIR)

1	IEP Review by Teachers Not Attending/Signatures (If all attended IEP meeting who are responsible for implementing IEP, this should be noted in this area of the IEP)			
---	--	--	--	--

PROGRESS REPORT

INDIVIDUAL EDUCATION PROGRAM PROGRESS REPORT (IPR)

1	Actual Date Sent to Parent/Guardian			
2	Annual Goal			
3	Progress Toward Annual Goal Documented			

Revised July 20, 2007



**System Profile Annual Monitoring
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EasyIEP DATA SHEET TALLY FORM (A5a) - - Page 1(Data Source for Indicator #11b)

School System _____ Completed By _____ Date Completed _____

Total Files Reviewed by School System _____ (Of these, Total Reviewed with Transition Plans): _____

Total Files Reviewed by TDOE _____ X 10% = _____ (Exception Rate)

Exception Rate: This number of minuses on any line represents an exception and should be addressed in a PIP.

Of those files reviewed above, total reviewed with Transition Plans: _____ NOTE: Any % of minuses in the transition plan results in a CAP.)

TDOE Consultant _____

School Year _____

Check:

Systemwide Tally Yes _____ No _____

School _____ (If School Only Tally)

CAP Required
Yes / No

CURRENT DESCRIPTIVE INFORMATION (CDI)

MINUSES

Total Minuses

1	Student's Strengths			
2	Parent's Concerns			
3	Disability Affects			

PRESENT LEVELS OF PERFORMANCE (PLOP)

1	Source of Information			
2	Area(s) Assessed			
3	Date (of Source of Information)			
4	Exceptional (Yes/No)			
5	Present Levels of Performance			
6	Prevocational/Vocational			

CONSIDERATION OF SPECIAL FACTORS FOR IEP DEVELOPMENT (COSF)

1	Limited English Proficiency			
2	Blind or Visually Impaired			
3	Communication Needs			
4	Deaf or Hard of Hearing			
5	Assistive Technology			
6	Behavior Impedes Learning of Self or thers			

TRANSITION SERVICES PLANNING (TSP)

1	Age-appropriate Transition Assessment used in the Development of each MPSG			
2	Measurable Post Secondary Goals (MPSGs) Stated for any of (4) areas (Desired Post School Outcomes)			
3	Course of Study Aligned to MPSG(s) in IEP			
4	For each MPSG, at Least One Transition Service is Listed for the Measurable Post Secondary Goal (MPSG)			
5	For MPSG(s), Evidence of Coordination between LEA & Other Postsecondary Service			
6	For each MPSG, at Least One (1) Goal Listed in the IEP			
7	Overall, does the IEP include coordinated, measurable annual IEP goals and transition services that will reasonably enable the student to meet the postsecondary goals?			



**System Profile Annual Monitoring
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		MINUSES	Total Minuses	Yes / No
8	Agency Participation (Not Required)			
9	Student Attendance (Not Required)			
10	If student did not attend, preferences and interests were considered			
11	"Other" described, if applicable for #10			

MEASURABLE ANNUAL GOALS & BENCHMARKS/SHORT TERM OBJECTIVES (MAG & B/STO)

1	Area of Need(s)			
2	Personnel/Position Responsible			
3	Annual Goal (for each area of need)			
4	Benchmarks/Short Term Objectives if applic.			
5	Anticipated Beginning Dates			
6	Criteria for Mastery			
7	Methods of Evaluation			
8	Program Mod/Supports for School Personnel			
9	Supplementary Aids/Services for Student			

PROGRAM PARTICIPATION (PP)

1	Accommodations/Modifications-Gen. Ed Program			
---	--	--	--	--

STATE/DISTRICT MANDATED TESTS (S/D MT)

1	Student will participate:			
2	Participation in TCAP-ALT			

TCAP ACCOMMODATIONS (TA)

1	TCAP-Accommodations, as applicable			
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SPECIAL EDUCATION AND RELATED SERVICES – Consultation (SEARS – C)

(Complete sections for Consultation, Direct Services, and Related Services, as applicable.)

1	Service Code and Type of Service			
2	Provider Title			
3	Sessions Per Week			
4	Time Per Session			
5	Hours Per Week			
6	Beginning-Ending Date			
7	Location of Services			

SPECIAL EDUCATION AND RELATED SERVICES – Direct Services (SEARS- DS)

1	Service Code and Type of Service			
2	Provider Title			
3	Sessions Per Week			
4	Time Per Session			
5	Hours Per Week			
6	Beginning-Ending Date			
7	Location of Services			

MINUSES

Total Minuses

Yes/No
CAP Required



**System Profile Annual Monitoring
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SPECIAL EDUCATION AND RELATED SERVICES – Related Services (*SEARS – RS*)

1	Service Code and Type of Service			
2	Provider Title			
3	Sessions Per Week			
4	Time Per Session			
5	Hours Per Week			
6	Beginning-Ending Date			
7	Location of Services			

SPECIAL EDUCATION AND RELATED SERVICES – Hours Per Week (*SEARS-HPW*)

8	Total SPED hours per week			
9	Total Gen. Ed. hours per week			

LRE AND GENERAL EDUCATION (*LRE & GE*)

1	The Regular Class			
2	Extra curricular or Nonacademic Activities			
3	Home School			

SPECIAL TRANSPORTATION (*ST*)

1	Special Transportation			
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EXTENDED SCHOOL YEAR (*ESY*)

1	Extended School Year			
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IEP PARTICIPANTS (*IP*)

1	Parent			
2	Student, If applicable			
3	LEA Representative			
4	Special Education Teacher			
5	Regular Education Teacher			
6	Interpreter of Test Results, if applicable			

INFORMED PARENTAL CONSENT (*IPC*)

1	Informed Parent Consent Noted (All areas checked with Parental Signature and Date)			
2	Date IEP Given to Parent			
3	LEA person responsible for sending IEP, if Parent Did Not Attend			

DOCUMENTATION OF IEP REVIEW BY OTHER TEACHERS NOT IN ATTENDANCE (*DOIR*)

1	IEP Review by Teachers Not Attending/Signatures (If all attended who are responsible for implementing IEP, this should be noted in this area of the IEP.)			
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PROGRESS REPORT

INDIVIDUAL EDUCATION PROGRAM PROGRESS REPORT (*IPR*)

1	Actual Date Sent to Parent/Guardian			
2	Annual Goal			
3	Progress Toward Annual Goal Documented			



**System Profile Annual Monitoring
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Summary of Performance Review Sheet

Indicator #11b

1. Did the student terminate eligibility by graduating from secondary school with a regular diploma or exceed the age eligibility for a free appropriate public education under State law? Yes _____ No _____
2. Did the LEA develop and provide the student with a summary of academic achievement and functional performance including recommendations to assist the student in meeting his or her postsecondary goals? Yes _____ No _____
3. Was a prior written notice provided for this change in placement? Yes _____ No _____
4. Is there evidence that an exit IEP meeting was conducted? Yes _____ No _____



**System Profile Annual Monitoring
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Summary of Performance Tally Sheet

Indicator #11b

1. Did the student terminate eligibility by graduating from secondary school with a regular diploma or exceed the age eligibility for a free appropriate public education under State law? Yes _____ No _____
2. Did the LEA develop and provide the student with a summary of academic achievement and functional performance including recommendations to assist the student in meeting his or her postsecondary goals? Yes _____ No _____
3. Was a prior written notice provided for this change in placement? Yes _____ No _____
4. Is there evidence that an exit IEP meeting was conducted? Yes _____ No _____





System Profile Annual Monitoring

Disability Reference Sheets



(S.P.A.M.) Instrument

Tennessee Department of Education
Division of Special Education



System Profile Annual Monitoring (S.P.A.M.) Instrument Current School Year 2008-2009



Disability Reference Sheet

Fall 2007 – Revised Disability Evaluation Procedures and Evaluation Participants

* All disability category evaluations must include documented parental input, current classroom based assessment and current classroom based observations.

LEA _____ School: _____

Student: _____

Autism

- 1) characteristics documented: significant affects in verbal and nonverbal communication and social interaction; engagement in repetitive activities and stereotyped movements; resistance to environmental change or change in daily routines; unusual responses to sensory experience; unusual or inconsistent responses to sensory stimuli
- 2) _____ parent interview (includes developmental history)
- 3) _____ behavioral observations – at least 2 settings (can be in school)
- 4) _____ physical & neurological information (general health history evaluating possibility of other health conditions) from a licensed physician; pediatrician; or neurologist
- 5) _____ evaluation of speech/language/communication skills
- 6) _____ evaluation of cognitive/developmental skills
- 7) _____ evaluation of adaptive behavior and social skills
- 8) _____ documentation (observation and/or assessment) of how disability adversely impacts educational performance
- 9) minimum evaluation participants: parent, child's general education teacher, special education teacher, psychologist or psychiatrist, licensed physician/neurologist/pediatrician or primary health care provider, speech/language teacher or specialist

Deaf-Blindness

- 1) evaluation procedures for Deafness or Hearing Impairment
 - _____ audiological evaluation
 - _____ evaluation of speech and language performance
 - _____ school history and levels of learning or educational performance – Deafness/Hearing Impairment
 - _____ observation of the child's auditory functioning and classroom performance
- 2) evaluation procedures for Visual Impairment eye exam and evaluation that includes documentation of eye condition with best possible correction
 - o _____ report includes etiology, diagnosis, and prognosis written functional vision and media assessment that includes
 - o _____ observation of visual behaviors – school, home, other environments
 - o _____ educational implications of eye condition (from eye report) o assessment and/or screening of expanded core curriculum skills includes: orientation and mobility, social interaction, visual efficiency, independent living, recreation and leisure, career education, assistive technology, compensatory skills, evaluation of child's reading and writing skills, needs, appropriate reading and writing media, evaluation of current and future needs for Braille
 - o _____ school history and levels of educational performance related to visual impairment
- 3) _____ medical statement which confirms the existence of a condition or syndrome and prognosis (when there is a suspected degenerative condition that leads to deaf/blindness)
- 4) additional evaluation of Deaf-Blindness
 - _____ expanded core curriculum skills assessment that includes Deafness/Hearing Impairment
 - _____ assessment of speech/language functioning, including the child's mode of communication
 - _____ assessment of developmental and academic functioning
 - _____ documentation (observation and/or assessment) of how disability adversely impacts educational performance
- 5) minimum evaluation participants: parent, general education teacher, special education teacher, physician or audiologist, speech/language teacher or specialist, ophthalmologist or optometrist, teacher of students with visual impairments



**System Profile Annual Monitoring
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Deafness

- 1) ____ audiological evaluation
- 2) ____ evaluation of speech and language performance
- 3) ____ school history and levels of learning or educational performance
- 4) ____ observation of auditory functioning and classroom performance
- 5) ____ documentation (observation and/or assessment) of how disability adversely impacts educational performance
- 6) minimum evaluation participants: parent, general education teacher, special education teacher, physician or audiologist, speech/language teacher or specialist

Hearing Impairment

- 1) ____ audiological evaluation
- 2) ____ evaluation of speech and language performance
- 3) ____ school history and levels of learning or educational performance
- 4) ____ observation of auditory functioning and classroom performance
- 5) ____ documentation (observation and/or assessment) of how disability adversely impacts educational performance
- 6) minimum evaluation participants: parent, the child's general education teacher, special education teacher, physician or audiologist, speech/language teacher or specialist



System Profile Annual Monitoring (S.P.A.M.) Instrument Current School Year 2008-2009



Disability Reference Sheet

Fall 2007 – Revised Disability Evaluation Procedures and Evaluation Participants

* All disability category evaluations must include documented parental input, current classroom based assessment and current classroom based observations.

LEA _____ School: _____

Student: _____

Visual Impairment

- 1) _____ eye exam and evaluation that includes documentation of eye condition with best possible correction and describes etiology, diagnosis, and prognosis and meets requirements for one of the following: *Acuity: legal blindness – 20/200 or less at distance and/or near acuity OR low vision—20/50 or less at distance; *Visual Field Restriction: legal blindness-remaining visual field of 20 degrees or less OR low vision-remaining visual field of 60 degrees or less; *Other VI, not perceptual in nature, as result of medically documented condition
- 2) _____ written functional vision and media assessment that includes: observation of visual behaviors – school, home, other environments; educational implications of eye condition (from eye report); assessment and/or screening of expanded core curriculum skills that includes orientation and mobility, social interaction, visual efficiency, independent living, recreation and leisure, career education, assistive technology, and compensatory skills; evaluation of child's reading and writing skills, needs, appropriate reading and writing media; evaluation of current and future needs for Braille;
- 3) _____ school history and levels of educational performance;
- 4) _____ documentation (observation and/or assessment) of how disability adversely impacts educational performance
- 5) _____ minimum evaluation participants: parent, child's general education teacher, teacher of students with visual impairments, special education teacher, ophthalmologist or optometrist

Developmental Delay

- 1) individually administered procedures providing measurement of
_____ physical development (fine and gross motor skills combined)
_____ cognitive/intelligence development
_____ communication development (receptive and expressive language skills combined)
_____ social/emotional development
_____ adaptive development
- 2) _____ standard scores in 2 of these areas is 1.5 standard deviations (77/78) below test mean
or
_____ standard score in 1 of these areas is 2.0 standard deviations (70) below test mean.
- 3) _____ documentation of identifiable atypical development
- 4) _____ observation of developmental strengths and needs
- 5) _____ observation to document delayed or atypical development in a natural environment by a qualified professional
- 6) _____ interview with child's parent to discuss and confirm child's noted developmental strengths and needs
- 7) _____ review of existing records or data
- 8) _____ documentation (observation and/or assessment) of how disability adversely impacts educational performance
- 9) _____ initial eligibility past age 7 OR reevaluation – required comprehensive psycho-education evaluation of developmental skills, cognitive functioning, and other areas determined appropriate by IEP team.
- 10) minimum evaluation participants: parent, child's general education teacher or teacher qualified to teach preschool, early childhood (or with pre-school experience) special education teacher, 1 or more of the following – licensed psychologist, speech/language specialist, related services and medical specialists



**System Profile Annual Monitoring
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Emotional Disturbance

- 1) ____ visual or auditory deficits are *ruled out as the primary cause* of atypical behavior
- 2) ____ physical conditions are *ruled out as the primary cause* of atypical behavior
- 3) Specific Behavioral data includes
 - ____ documentation of previous interventions
 - ____ evaluation of the locus of control of the behavior which includes internal and external factors
- 4) ____ observations – direct and anecdotal by 3 or more licensed professionals
- 5) Psycho-educational assessment of strengths and weaknesses which includes
 - ____ intelligence
 - ____ behavior
 - ____ personality
- 6) ____ individual education assessment (criterion or norm reformed) with direct measures of classroom performance to determine student's strengths and weaknesses
- 7) ____ review of past educational performance
- 8) comprehensive social history from parent/guardian which includes
 - ____ family history
 - ____ family-social interactions
 - ____ developmental history
 - ____ medical history (including mental health)
 - ____ school history (including attendance and discipline records)
- 9) ____ documentation (observation and/or assessment) of how disability adversely impacts educational performance
- 10) minimum evaluation participants: parent, child's general education teacher, special education teacher, psychologist



System Profile Annual Monitoring (S.P.A.M.) Instrument Current School Year 2008-2009



Disability Reference Sheet

Fall 2007 – Revised Disability Evaluation Procedures and Evaluation Participants

* All disability category evaluations must include documented parental input, current classroom based assessment and current classroom based observations.

LEA _____ School: _____

Student: _____

Functional Delay

- 1) _____ intellectual functioning is 2 or more standard deviations below the mean (70 and below)
Intelligence testing documentation of
_____ selection of test instrument(s) that are sensitive to cultural, linguistic or sensory factors
_____ test interpretation that takes into account 68th percent confidence level
_____ test interpretation that addresses and rules out
o _____ limited English proficiency
o _____ cultural factors
o _____ medical conditions that impact school performance
o _____ environmental factors
o _____ communication, sensory, or motor disabilities
_____ a determination that the student's performance on the test is not due to these factors and is not the primary reason for significantly impaired scores on measures of intelligence
- 2) academic achievement evaluation with an individual, standardized achievement test that is deficient (at or below 4th percentile) in 2 or more areas:
_____ basic reading skills, _____ reading fluency skills, _____ reading comprehension, _____ mathematics calculation, _____ mathematics problem solving, _____ written expression
- 3) _____ home or school adaptive behavior (standardized) – scores above those required for Mental Retardation
- 4) _____ documentation (observation and/or assessment) of how disability adversely impacts educational performance
- 5) minimum evaluation participants: parent, child's general education teacher, special education teacher, psychologist

Intellectually Gifted

- 1) evaluation and assessment in the areas of
_____ educational performance
_____ creativity/characteristics of gifted
_____ cognition/intelligence
- 2) _____ Tennessee Assessment Team Instrument Selection Form (TnATISF) for every student tested for IG after 8/10/08
- 3) documentation of assessment results (from the *IG Scoring Grid*) of
_____ total points of 50 or more
_____ a score in the 2nd or 3rd range (20 or 30 points) in one of options 1, 2, or 3
_____ a score in the 2nd or 3rd range (20 or 30 points) in option 14 (if option 14 in the 1st range, report must provide explanation based on the Standard Error of Measurement as explained in the Gifted Q&As document).
- 4) _____ documentation (observation and/or assessment) of how disability adversely impacts educational performance
- 5) minimum evaluation participants: parent, child's referring teacher or general education teacher (with ESL teacher when appropriate), special education teacher
or teacher who meets employment standards in gifted education, psychologist, one of the above persons who is trained in the characteristics of gifted children



**System Profile Annual Monitoring
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Mental Retardation

- 1) _____ IQ from individual, standardized instrument and is ≥ 2 standard deviations below test mean ($IQ \leq 70$)
- 2) adaptive behavior assessment: in the home or community from individual, standardized instrument and is ≤ 2 standard deviations below test mean (adaptive composite ≤ 70); in the school is significantly impaired when compared with same age peers by "*Systematic Adaptive Behavior Observation*" or in school, when appropriate, with standardized, individual instrument score that is ≤ 2 standard deviations below the test mean ($IQ \leq 70$)
- 3) assessments and interpretation of evaluation results for IQ & adaptive behavior takes into account
_____ selection of test instrument(s) that are sensitive to cultural, linguistic or sensory factors
_____ test interpretation that takes into account 68th percent confidence level test interpretation that addresses and rules out: limited English proficiency, cultural factors, medical conditions that impact school performance, environmental factors, communication, sensory, or motor disabilities
_____ a determination that the student's performance on the test is not due to these factors and is not the primary reason for significantly impaired scores on measures of intelligence
- 4) _____ developmental history indicating delays in cognitive/intellectual abilities manifested during developmental period of birth to age 18 is documented in background information and history and currently demonstrated by delays in the child's home and school environments
- 5) _____ documentation (observation and/or assessment) of how disability adversely impacts educational performance
- 6) minimum evaluation participants: parent, child's general education teacher, special education teacher, psychologist _____



System Profile Annual Monitoring (S.P.A.M.) Instrument Current School Year 2008-2009



Disability Reference Sheet

Fall 2007 – Revised Disability Evaluation Procedures and Evaluation Participants

* All disability category evaluations must include documented parental input, current classroom based assessment and current classroom based observations.

LEA _____ School: _____

Student: _____

Multiple Disabilities

- 1) _____ there are concomitant impairments, the combination of which causes such severe educational needs that they cannot be accommodated by addressing only one of the impairments
 - 2) _____ the disabilities do not include Deaf-Blindness
 - 3) _____ procedures for each suspected disability and meet standards for two or more
 - 4) _____ eligibility determined based on the definitions and standards for 2 or more disabilities
 - 5) _____ the nature of the combination of student's disabilities require significant developmental and educational programming that cannot be accommodated with special education by addressing any one of the identified disabilities
 - 6) _____ documentation (observation and/or assessment) of how disability adversely impacts educational performance
 - 7) minimum evaluation participants: those persons designated for each disability included in Multiple Disabilities
- Evaluation (list) _____

Orthopedic Impairment

- 1) _____ there is documentation of a severe orthopedic impairment that adversely affects the child's educational performance
- 2) _____ medical evaluation by licensed physician
- 3) _____ social and physical adaptive behaviors (mobility and daily living activities) related to orthopedic impairment
- 4) _____ documentation (observation and/or assessment) of how disability adversely impacts educational performance
- 5) minimum evaluation participants: parent, child's general education teacher, special education teacher, physician

Other Health Impairment

- 1) chronic or acute health problems that require specially designed instruction are documented in one of the following:
 - _____ impaired organizational or work skills
 - _____ inability to manage or complete tasks
 - _____ excessive health related absenteeism
 - _____ medications that affect cognitive functioning
- 2) medical assessment from licensed health services provider that provides the following
 - _____ medical assessment and documentation of student's health
 - _____ any diagnoses and prognoses of child's health impairments
 - _____ information, as applicable, regarding medications
 - _____ special health care procedures, special diet, and/or activity restrictions
- 3) comprehensive psycho-educational assessment that includes measures documenting the student's education performance in the following areas
 - _____ pre-academics or academic skills
 - _____ adaptive behavior
 - _____ social/emotional development
 - _____ motor skills
 - _____ communication skills
 - _____ cognitive ability
- 4) _____ documentation (observation and/or assessment) of how disability adversely impacts educational performance
- 5) minimum evaluation participants: parent, child's general education teacher, special education teacher, medical health services provider, psychologist



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Traumatic Brain Injury

- 1) ____ documentation of TBI from an acquired open or closed injury to brain caused by an external physical force
- 2) ____ documentation that TBI resulted in total or partial functional disability or psychosocial impairment that adversely affects student's educational performance
- 3) ____ there is documentation the TBI is not due to brain injuries that were congenital or degenerative, or to brain injuries induced by birth trauma
- 4) ____ appropriate medical statement from a licensed physician
- 5) ____ parent/caregiver interview
- 6) ____ educational history and current levels of performance
- 7) ____ functional assessment of cognitive/communicative abilities
- 8) ____ social adaptive behaviors which relates to TBI
- 9) ____ physical adaptive behaviors which relates to TBI
- 10) ____ documentation (observation and/or assessment) of how disability adversely impacts educational performance
- 11) minimum evaluation participants for TBI: parent, child's general education teacher, special education teacher. physician



System Profile Annual Monitoring (S.P.A.M.) Instrument Current School Year 2008-2009



Disability Reference Sheet

Fall 2007 – Revised Disability Evaluation Procedures and Evaluation Participants

* All disability category evaluations must include documented parental input, current classroom based assessment and current classroom based observations.

LEA _____ School: _____

Student: _____

Speech and Language Impairments

1) Language Impairment

- significant deficiency not consistent with the child's chronological age in one or more of these areas:

_____ deficiency in receptive language skills to gain information

_____ deficiency in expressive language skills to communicate information

_____ deficiency in processing (auditory perception) skills to organize information

- _____ at least 1 standardized comprehensive measure of language ability

- _____ a minimum of 2 measures, including criterion-referenced and/or norm-referenced instruments, functional communication analyses, and language samples • evaluation of language abilities

hearing screening

receptive language: vocabulary, syntax, morphology

expressive language: mean length of utterance, syntax, semantics, pragmatics, morphology

auditory perception: selective attention, discrimination, memory, sequencing, association, and integration

documentation (observation and/or assessment) of how disability adversely impacts educational performance

Note: There should be analysis of receptive, expressive, and/or composite test scores that fall at least 1.5 standard deviations below the mean of the language assessment instrument(s) administered to meet Language Impairment Standards.

2) Articulation Impairment

- _____ significant deficiency in ability to produce sounds in conversational speech not consistent with the student's chronological age

- _____ documentation of articulation error(s) that persist 1 year beyond the highest age when 85% of students have acquired the sounds based upon current developmental norms

- _____ evidence that the child's scores are at a moderate, severe, or profound rating on a measure of phonological processes

- evaluation of articulation abilities include

appropriate formal/informal instrument(s)

stimulability probes

oral peripheral examination

analysis of phoneme production in conversational speech

documentation (observation and/or assessment) of how disability adversely impacts educational performance

3) Voice Impairment

- _____ excess or significant deficiency in pitch, intensity, or quality resulting from pathological conditions or inappropriate use of the vocal mechanism

- _____ hearing screening

- _____ oral peripheral examination

- _____ documentation (observation and/or assessment) of how disability adversely impacts educational performance

4) Fluency Impairment

- _____ abnormal interruption in the flow of speech by repetitions or prolongations of a sound, syllable, or by avoidance and struggle behaviors

- _____ hearing screening

- _____ information obtained from parents, students, and teacher(s) regarding non-fluent behaviors/attitudes across communication situations

- _____ oral peripheral examination

- _____ documentation (observation and/or assessment) of how disability adversely impacts educational performance

- 5) minimum evaluation participants: parent, child's general education teacher, speech-language pathologist, special education teacher _____, otolaryngologist (for voice impairments only) _____



System Profile Annual Monitoring (S.P.A.M.) Instrument Current School Year 2008-2009



Disability Reference Sheet

Fall 2007 – Revised Disability Evaluation Procedures and Evaluation Participants

* All disability category evaluations must include documented parental input, current classroom based assessment and current classroom based observations.

LEA _____ School: _____

Student: _____

Specific Learning Disabilities

- 1) documentation of pre-referral interventions based on scientifically-validated instruction in reading and math
_____ based on State-approved grade level standards
_____ instruction is researched using rigorous, well-designed, objective, systematic, and peer-reviewed studies
- 2) _____ evidence the student was provided appropriate instruction prior to or as a part of referral process in general education settings
- 3) _____ evidence that pre-referral instruction was delivered by appropriately trained personnel
- 4) _____ data-based documentation of repeated formal assessment of student progress during instruction-1 data point weekly
- 5) _____ evidence of progress monitoring data provided to student's parents at least once per 4 ½ week period
- 6) evidence the student did not achieve at a proficiency level/rate consistent with State-approved grade level standards in 1 or more of the following areas: oral expression, listening comprehension, written expression, basic reading skills; reading fluency skills; reading comprehension; mathematics calculation; mathematics problem solving
- 7) _____ evidence of a pattern of strengths and weaknesses in performance, achievement, or both relative to State approved grade-level standards, the student's age, or intellectual development
- 8) _____ evidence that the SLD is not primarily due to: Visual Impairment, Hearing Impairment, Orthopedic Impairment, Emotional Disturbance, Mental Retardation, limited English proficiency, environmental or cultural factors, or situational trauma
- 9) _____ documentation (observation and/or assessment) of how disability adversely impacts educational performance
- 10) minimum evaluation participants: parent, child's general education teacher, special education teacher, person qualified to conduct an individual diagnostic evaluation; psychologist

Responsiveness to Intervention – Procedural Addendum A

- (a) _____ State-Approved RTI Plan
- (b) _____ data demonstrating child's non-responsiveness to scientifically-validated interventions supported by comprehensive, curriculum-based data
- (c) _____ documentation ruling out other disabilities or factors, including administration of a culturally-fair cognitive ability test (may be short form).
- (d) _____ comprehensive psycho-educational assessment when brief assessment results are inconclusive

IQ/Achievement Discrepancy – Procedural Addendum B

- (a) _____ an individual standardized multi-factored assessment of cognitive ability
- (b) _____ an individual standardized assessment of academic achievement
- (c) _____ severe discrepancy** between educational performance and predicted achievement (IQ and Achievement) that is based on the best measure of cognitive ability is defined by at least 1.5 Standard Deviations (considering Standard Error of the Estimate) when utilizing regression-based discrepancy analyses in Regression Table
- (d) documentation of performance on
 - _____ group or individually administered achievement tests
 - _____ criterion-referenced or curriculum/performance-based assessments
- (e) _____ documented observations, indirect by the child's general education teacher, direct by a professional other than the person providing the indirect observation
- (f) _____ Parent input, and child input as appropriate

Note: There should be a discrepancy between educational performance and predicted achievement based on the best measure of cognitive ability defined by at least 1.5 Standard Error of the Estimate Units (SEe's) when utilizing regression-based discrepancy analyses or documentation of RTI – systems using RTI will have (approved) and on file.

**When documentation of academic deficiency is evidenced through student's response to pre-referral interventions and is not met as an IQ/Achievement discrepancy, clinical judgment providing rationale for determination of SLD may be made and must be documented in the Written Report.

